

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Social Services**

CHANGE REPORT FORM

Name: _____
Address: _____

Date: _____

Case Number: _____

Dear:

Changes that you must report:

1. You are only required to report when your income goes above the maximum gross income limit for your Food and Nutrition Services household size. Your household size is _____. (See income limits chart and workspace on back of form.) Call your caseworker if you have questions or need assistance.

If your Food and Nutrition Services household's total gross income (before deductions and taxes are taken out) goes above the amount listed in the chart you must report the change. Add all sources of income to get the total amount of monthly income (wages, WFFA, child support, SSI, unemployment benefits (UIB), Social Security, Veterans benefits, disability payments, income of new household members, etc.)

When you have a change in income, use the chart on the back to see if you are still eligible for Food And Nutrition Services benefits. If your Food and Nutrition Services household's total monthly income is more than the amount allowed for the number of people included in your Food and Nutrition Services case, call your caseworker by the 10th day of the month following the month the income increases.

ANY change from the information given on the application that occurs after the interview (but before you receive a notice of eligibility) must be reported by the 10th of the month, following the month in which the notice of eligibility is received.

☐ At this time, you are not required to report income changes until your next recertification.

2. If your Food and Nutrition Services household includes an Able Bodied Adult Without Dependents (ABAWD), you must report if the ABAWD's work hours are reduced to under 80 hours per month.
3. If you are not registered to vote where you live now, would you like to apply to register to vote here today? ☐ Yes ☐ No **IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

Report the changes by calling us at: _____. Someone who knows about the change may report it for you if you are unable to do so.

NOTE: Reporting address changes will allow us to send letters and/or notices to your correct address.

If you do not tell the truth about changes in your household, you may have to pay back the Food and Nutrition Services benefits you receive. You may also be disqualified from receiving Food and Nutrition Services Benefits for 12 months, 24 months, or permanently, and be fined, imprisoned, or both.

Sincerely,

Use this chart to determine if your household income is too high for you to continue to receive Food and Nutrition Services benefits:

MAXIMUM INCOME LIMITS

Number of Household Members:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| \$1276 | \$1726 | \$2177 | \$2628 | \$3078 | \$3529 | \$3980 | \$4430 | \$4881 | \$5332 |

Note: If there are more than ten (10) household members, add \$451 to \$5332 for each one.

Use this workspace to add all income from all sources (wages – before taxes and deductions, Work First Family Assistance (WFFA), child support, SSI, unemployment benefits (UIB), Social Security, Veterans benefits, disability payments, etc.)

| TYPE OF INCOME | 1 st MONTH | 2 nd MONTH | 3 rd MONTH | 4 th MONTH |
|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Wages | \$ | \$ | \$ | \$ |
| WFFA | \$ | \$ | \$ | \$ |
| Child Support | \$ | \$ | \$ | \$ |
| SSI | \$ | \$ | \$ | \$ |
| UIB | \$ | \$ | \$ | \$ |
| Social Security | \$ | \$ | \$ | \$ |
| Other | \$ | \$ | \$ | \$ |
| Total | \$ | \$ | \$ | \$ |

COMPARE YOUR FOOD AND NUTRITION SERVICES HOUSEHOLD'S TOTAL MONTHLY INCOME AMOUNT TO INCOME LIMITS FOR YOUR FOOD AND NUTRITION SERVICES HOUSEHOLD SIZE. IF THE GROSS INCOME EXCEEDS THE MAXIMUM INCOME LIMIT FOR YOUR FOOD AND NUTRITION SERVICES HOUSEHOLD SIZE, CALL YOUR CASEWORKER TO DISCUSS THE CHANGE. IF YOU ARE UNSURE OR HAVE QUESTIONS, CALL YOUR CASEWORKER FOR ASSISTANCE. YOU MAY ALSO CONTACT THE DHHS CUSTOMER SERVICES CENTER AT 1-800-662-7030 IF YOU NEED ASSISTANCE.

I understand the penalty for hiding or giving false information. If you intentionally break any of the rules you may not be able to get any more Food and Nutrition Services permanently, and may be fined up to \$250,000 and/or jailed up to 20 years. You may also be ineligible for Food and Nutrition Services for an additional 18 months if court ordered.

I also understand I will owe the value of any extra Food and Nutrition Services benefits I receive and may be disqualified if I do not report income changes in my household that would cause ineligibility. I agree to verify any changes I report if you ask. My answers on this form are correct and complete to the best of my knowledge. We will use your answers on this form to see if your household's benefits will change.

All eligibility procedures are strictly supported by the Food and Nutrition Services policies. The other programs time limits or requirements do not affect your Food and Nutrition Services benefits. Your household may not be denied food assistance because your household has been denied benefits from other programs. Before we decrease or terminate your benefits, we will send you a notice explaining what will happen. If your benefits increase, we will send you a notice when we make the change. If you do not agree with our decision, you can have a fair hearing. A hearing official will decide if you are right.

I understand that my signature authorizes Federal, State, and local officials to contact other persons or organizations to verify the information I have provided.

| | | |
|-----------------|-------------------|---------------|
| Your Signature: | Telephone Number: | Today's Date: |
|-----------------|-------------------|---------------|

TANF Funded Services

For information regarding the Teen Pregnancy Prevention Initiative contact your local Health Department. For information regarding services provided for Healthy Marriages contact your local County Department of Social Services.

Registering to Vote in North Carolina

Registering to vote is easy in North Carolina. State law requires voters to register 25 days before an election. DSS can help you with registration paperwork. If you would like to register to vote in North Carolina, ask your caseworker for a voter registration form, and if you need help, to assist you in completing the form. **Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.** If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the North Carolina State Board of Elections, PO Box 27255, Raleigh NC 27611-7255, or you may call the toll free number, 1-866-522-4723.